

CLAIM AGAINST THE CITY OF SAN JOSE, CA

(For Damages to Persons or Personal Property)

City Clerk's Timestamp				
LReceive	ed by:			
Via:	U.S. Mail			
	Interoffice Mail			

Over the Counter _

801 North First Street, Room 116 San Jose, CA 95110

NAME OF CLAIMANT

(Please do not write above this line – for City use only)

Generally, a claim against the City of San Jose for damages to persons or personal property must be filed with the City Clerk of the City of San Jose within six months after the incident occurred. See Government Code 911.2. Where space is insufficient, attach an additional page with the claimant's name on the page. Completed claims (PLEASE PROVIDE THE ORIGINAL AND ONE COPY, INCLUDING ANY ATTACHMENTS) must be mailed or delivered to: City Clerk, City of San Jose, 801 North First Street, Room 116, San Jose, California 95110.

TO THE CLERK of the City of San Jose, California:

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

DATE OF BIRTH:

ADDRESS OF			
CLAIMANT	CITY	STATE	ZIP CODE
HOME	WORK	DRIVER'S LIC	CENSE
PHONE:	PHONE:	STATE AND I	
SEND NOTICES REGARDING THIS CLAIM			
	(============================		
DATE OF INCIDENT	PLACE (Exact and		
OR OCCURRENCE	specific location		
CAUSING CLAIM	of incident.)		
CIRCUMSTANCES (Specify the occurrence	,	claim caused th	e injury or damage for which you
are submitting this claim.)	s, event, det, er ermeelen willen yeu	olaliii oaaooa iii	o injury of damago for which you
are easimming and elamin,			
CITY'S ACTION (Specify action by City or it	ts employees which caused alleged	damage or injur	y.)
	. ,		,
CITY EMPLOYEES' NAMES OR CITY DEP	PARTMENT INVOLVED IN ALLEGE	D ACCIDENT C	R INCIDENT.

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Page 2 DESCRIPTION OF LOSS (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES.") OTHER INJURED PERSONS (list names and addresses) OWNER OF PROPERTY DAMAGED (if different from claimant) AMOUNT CLAIMED: Amount claimed as of this date: Estimated amount of future costs: Total amount claimed: Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.): WITNESSES, HOSPITALS, DOCTORS, ETC. (list names and addresses): ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.): WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM Penal Code Section 72 I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT. Signed this ______ , 20_____ _ _ Claimant's Signature